Approved for use through 06/30/2010. OMB 0651-0032 LS. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction	on Act of 1995	no persons are re	quired to re			ark Office; U.S. DEI on unless it display:		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009			Complete if Known					
			Application Nur	nber 10/	10/711,550			
			Filing Date	09-	09-24-2004			
			First Named In	ventor Pat	Patrick S. McMonagle			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	₽ FU	FU, HAO		
<u> </u>				Art Unit		3693		
TOTAL AMOUNT OF PAY		Attorney Docke	t No. 030	030848-000026				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Electronic Funds Transfer Deposit Account Deposit Account Number: 13-4365 Deposit Account Name: Moore & Van Allen PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below except for the filing fee								
✓ Charge any additional feets) or underpayments of fee(s) ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEAF Application Type	FILING			RCH FEES Small Entity Fee (\$)		ATION FEES Small Entity Fee (\$)	Fees Paid (S)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Jose IP = See Paid (5) Indep. Claims 30 or IP = See Paid (5) Indep. Claims 30 or IP = See Paid (5) IP = Palphean number of total calema paid for, if greater than 20. Indep. Claims 30 or IP = See Paid (5) IP = Palphean number of total calema paid for, if greater than 20. Indep. Claims 30 or IP = See Paid (5) IP = Palphean number of total calema paid for, if greater than 30. Indep. Claims 30 or IP = See Paid (5) IP = Palphean number of total calema paid for, if greater than 30. Indep. Claims 30 or IP = See Paid (5) IP = Palphean number of total calema paid for, if greater than 30. Indep. Claims 30 or IP = See Paid (5) IP = Palphean number of total calema paid for, if greater than 30. Indep. Claims APPLICATION SIZE FEEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1. 126(e), Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e), Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e), Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e), Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e), Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e). Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e). Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e). Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(1)(G) and 37 CPR 1. 16(e). Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(o)(G) and 37 CPR 1. 16(e). Number of each additional 50 or fraction thereof. See 45 U.S.C. 41(o)(G) and 37 CPR 1. 16(e). Number of each additional 50 or								
Other (e.g., late filing surcharge):								

SUBMITTED BY							
Signature	/Steven B. Phillips/	Registration No. (Attorney/Agent) 37,911	Telephone 919-286-8000				
Name (Print/Type)	STEVEN B. PHILLIPS		Date January 13, 2011				

This collection of information is required by 37 CFR 1.136. The information is required to Obtain or retain a benefit by the public which is 16 life (and by the USFTO to process) an application. Confidentially is governed by 35 USC. 12 and 37 CFR 1.141. This collection is estimated to take 30 minutes to complete including gathering preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form andor suggestions for working this burden, should be sent to the Crite Information Officer, U.S. Patlant and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patlants, P.O. Box 1450, Alexandria, VA 22313-1450.